

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. 10-669,432
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | | | | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|-----------------|------|------|------|------|
| | IND. | DEF. | IND. | DEF. | IND. | DEF. | | IND. | DEF. | IND. | DEF. |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | | |
| TOTAL DEF. | | | | | | | TOTAL DEF. | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | |